



DWELLING SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

1. Named Insured:	Beachcruiser, LLC & 40 Ounce Hwy, LLC		
2. How many total units are there?			
a. Any college or university student housing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. Any vacant properties? If yes, complete the Vacant Building Supplemental Application.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
c. Any condominium units? If yes, complete the Condominium Unit Supplemental Application.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Any properties to be insured that are not owned by the applicant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. What is the average monthly rent? 1BR \$ <u>\$1000</u> 2BR \$ <u>1800</u> 3BR \$ <u>3000</u>			
Are any properties rented by the day or by the week?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4. Does any building have aluminum wiring, knob and tube wiring, or fuses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Does any building have Federal Pacific, Stab Lok, Zinsco, or Split-bus electrical panels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6. Does any building contain lead paint?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7. Have you had any building code violations within the past 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe and advise current status:	<hr/> <hr/>		
8. Are heat and smoke detectors in all the units?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are all smoke detectors checked at least semi-annually including replacement of batteries?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Is there a fire extinguisher on each premises?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Is the property used as a Medical Recovery, Sober Living, Rehab, or Recovery Facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11. Do you provide any personal care, medical, nursing home, or assisted living services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. Are any units equipped with emergency call equipment or medical alert buttons?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13. Are any units equipped with wood stoves or pellet stoves?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Is there a swimming pool, spa, or hot tub?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, complete the Swimming Pool Supplemental Application.			
15. Is there any playground equipment or other recreational devices?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe the equipment/devices:	<hr/> <hr/>		
If yes, is the equipment fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are rules for use clearly posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how often is maintenance performed?	<hr/>		

16. Are any of the properties manufactured or mobile homes? Yes No

If yes, how many? _____

If yes, complete the Manufactured and Mobile Home Park Supplemental Application.

17. Is the applicant now or previously involved in Residential Homebuilding, General Contracting, or Development operations? Yes No

18. Were any of the properties to be insured built by the applicant? Yes No

19. Is the applicant involved in any house flipping operations (i.e. purchasing, renovating, and then selling homes)? Yes No

20. Are any properties in foreclosure, receivership, bankruptcy, or owned by a bank or have been within the past 5 years? Yes No

If yes, describe: _____

21. Have there been any incidents of assault, battery, or other violent crimes at any premises to be insured within the past 5 years? Yes No

If yes, describe: _____

Applicant's Signature: _____



Date: _____ 9/2/20